



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

Agency:	Addus Healthcare	Region(s):	2
Agency Type:	Residential Habilitation	Investigation Dates:	9/22 & 23, 2016
Certificate(s):	RHA-354	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full <input checked="" type="checkbox"/> N/A – Complaint

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.203. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation	For example: For 1 of 2 participant records reviewed, the plan states: "Assist [participant] in completing his exercises as recommended by his physician/physical therapist". In meeting with participant and his staff, not all staff have gone with to physical therapist to receive training, only picture exercises are in the home. There is no Physical Therapy assessment or written instructions in the file or in the home for staff to follow. Further, there are no instructions or training from the agency to train staff on this specific need.	1. After review of our RESHAB program, there were deficiencies identified of inadequate ongoing training such as Physical Therapy. PT to provide essential training such as ROM for each staff member providing services. QIDP & Administrator are to review all cases and ensure that training is being provided. Participant in question is no longer with agency. 2. QIDP to continue to make frequent home visits and monitor effectiveness of the Plan of Care (POC). We will adjust and retrain as necessary. We have also implemented a POC acknowledgement	11/18/2016



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<p>provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (3-29-12)</p> <p>L&C will verify agency compliance with training requirements found in 16.03.10.700-706</p> <p>16.03.10.705.01.c.i. Purpose and philosophy of services; (3-19-07)</p> <p>16.03.10.705.01.c.ii. Service rules; (3-19-07)</p> <p>16.03.10.705.01.c.ix. Training specific to the needs of the participant. (3-19-07)</p> <p>For example: The training documentation does not address training specific to these individuals needs.</p>	<p>REPEAT DEFICIENCY; FAILURE TO COMPLY WITH PLAN OF CORRECTION</p>	<p>form for all caregivers. Additionally, we have hired a new QIDP that is well versed in the RESHAB program and she is actively reviewing our entire program to resolve lingering issues. Onboarding for RESHAB aides includes training and the QIDP will notify the Service Coordinator (SC) that the res hab aide has completed all client specific training prior to placing in participants home.</p> <p>3. The Administrator and QIDP</p> <p>4. Initial review and retraining of all caregivers to be completed by date assigned.</p>	
<p>16.04.17.301.02.</p> <p>301. PERSONNEL.</p> <p>02. Work Schedules. Coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The</p>	<p>In review of agency files there was no specified provisions and procedures to assure back-up coverage for those work schedules. When requested, no current work schedule was provided for either</p>	<p>1. We are currently hiring additional caregiver assistance to be compliant with staffing backup. Additionally, we are working on having updated schedules in the participant's home. We</p>	<p>11/18/2016</p>



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<p>agency must specify provisions and procedures to assure back-up coverage for those work schedules. (3-20-04)</p>	<p>participant or their staff. Further, for 2 of 2 participant files reviewed, there was not staffing to assure compliance with the Individual Support and Implementation Plans.</p> <p>For example: For participant #1 A schedule was provided for 2015 that included staff that no longer works for him. A second schedule was provided for July of 2016. In review of time sheets, the hours on the schedule were not consistently met by staffing and there was no indication of trained staff to meet any back up needs. Further, the schedule did not match the approved hours on the Individual Support Plan.</p> <p>For example: For participant #2 A Schedule was provided for August through October 2016 but we were informed that the scheduled staff is no longer with the agency. There was not a</p>	<p>are training 2 RESHAB backup aides for each participant and will be identified in our scheduling system.</p> <p>2. We will retrain and notify the Service Coordinator who supports ongoing scheduling every time a RESHAB aide leaves and every time changes are made to scheduling and backup staff. The client shall be notified of any changes via initial phone call, schedule, and documented in case notes.</p> <p>3. The Administrator and QIDP are ultimately responsible with the assistance of the Service Coordinator.</p> <p>4. All schedules to be mailed out at the beginning of each month and at any time there is a change. Additionally, the QIDP will ensure there is adequately trained backup staff to support the RESHAB program. We shall keep an electronic copy in the office.</p>	



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	<p>current schedule provided to match time sheets for the staff that began providing services to participant in July. There is no indication of trained back up staff for this participant if needed.</p> <p>THIS IS A REPEAT DEFICIENCY; FAILURE TO COMPLY WITH PLAN OF CORRECTION</p>		
<p>16.04.17.301.03.i 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>In review of agency records, it was found that CPR and 1st Aid certifications were not current.</p> <p>For example: Employee #2 record lacks documentation of current CPR/1st Aid. The employee's record includes a copy of a CPR/1st Aid card that expired 08/10/13 and no current certification since her re-hire on 07/27/16. The employee began working with Participant #2 on 08/01/16. For Employee #3 The CPR and 1st Aid certification on file expired 12/31/2015.</p>	<p>1. We have ensured that all staff providing services under the RESHAB program is currently certified in CPR/First Aid. 2. We are using the onboarding pre-employment and employment forms to track the process of onboarding and hiring staff. Furthermore, we are uploading certifications into our electronic records to better track upcoming expiring certifications. 3. The Administrator and Service Coordinator 4. <i>Ongoing. See attachments for current</i></p>	<p>11/18/2016</p>



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	<p>She has provided services as needed on a regular basis prior to and after expiration of the certification for Participant #1.</p> <p>For Employee #4 The CPR and 1st Aid certification expired 7/31/15. He has continued to provide services Participant #1 beyond this expiration.</p> <p>THIS IS A REPEAT DEFICIENCY; FAILURE TO COMPLY WITH PLAN OF CORRECTION</p>	<i>certifications in CPR/First Aid.</i>	
<p>16.04.17.301.03.j</p> <p>301. PERSONNEL.</p> <p>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following:</p> <p>j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History</p>	<p>In review of agency records for 1 of 4 employee files reviewed, there was not verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06 "Criminal History and Background Checks".</p> <p>For example: Employee #2's record lacks documentation of a new Dept. of Health & Welfare Criminal History Check or Idaho State Police Criminal History Check</p>	<p>1. For employee #2, this was a misunderstanding of the reemployment policy. The caregiver was immediately scheduled for fingerprinting and submitted the ISP paperwork. There was a retraining of the pre-hiring/hiring process for all office staff.</p> <p>2. Continue to use the pre-employment and employment process. Continue to use the expiring license/certification electronic data.</p> <p>3. The Administrator and Service</p>	<i>11/18/2016</i>



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and Background Checks”; and (3-20-04)	per IDAPA 16.05.06.300.01 & 02. The employee per agency discussion with staff and agency documentation discontinued employment with the agency 02/06/15 and returned to the agency on 07/27/16 per the agency’s offer letter and time sheets verifying she worked with participant #2.	Coordinator are responsible 4. <i>Ongoing</i>	
16.04.17.302.03. 302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)	In review of participant records, for 1 of 2 records reviewed the Periodic review did not take place quarterly. For example: Participant #2’s record lacks documentation a periodic review was completed quarterly. The record contains one periodic review for 05/02/16, but nothing for this quarter. THIS IS A REPEAT DEFICIENCY; FAILURE TO COMPLY WITH PLAN OF CORRECTION	1. <i>QIDP reviewing all files to ensure RESHAB participants information is current and complete. Review and update to be completed by date outline.</i> 2. <i>QIDP to incorporate a calendar detailing when each quarterly visit is required.</i> 3. <i>The Administrator and QIDP are responsible for monitoring these visits.</i> 4. <i>All visits not in compliance to be completed by assigned date.</i>	11/15/2016
16.04.17.302. 04. Medication Standards. The agency must maintain a policy	In review of agency records and interviews, The agency is not following	1. <i>Upon this discovery, we reached out to LCSC to set up a course for 10 RESHAB</i>	11/5/2016



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describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)	<p>their policy for Medication standards. For 3 of 4 employee records reviewed, employees did not have certification with assistance with medication.</p> <p>For example: For example employees 1, 3 and 4 were assigned to provide services, including assistance with medication, to Participant #1. Employees did state that they assist the participant with his medication but do not document it and throw away the blister packs which contain the medications from the pharmacy when it is empty. Participant and employees state there was 1 full day and one morning shift where the participant did not get his medications as evidenced that they were still in the blister pack on the next day/shift. They stated that the participant is not able to open the blister packs independently.</p>	<p><i>aides to be put through the Med Assist program. We are using a certified Med Assist employee in lieu of regularly assigned RESHAB aide for meds if necessary until training of regular res hab aide is complete.</i></p> <p>2. We are using the onboarding pre-employment and employment forms to track the process of onboarding and hiring staff. Furthermore, we are uploading certifications into our electronic records to better track upcoming expiring certifications.</p> <p>3. <i>The Administrator and QIDP are responsible for continual monitoring and verification of certifications. The Service Coordinator shall upload documentation.</i></p> <p>4. <i>Med Assist course provided on November 5, 2016</i></p>	
400.PARTICIPANT RECORDS.	In review of agency records, for 1 of 2	1. <i>Initial action involved speaking to all</i>	11/18/2016



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<p>01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. All entries made into a participant record must be dated and signed in ink. (3-20-04)</p>	<p>participant files reviewed the record was not accurate.</p> <p>For example: on 7/13/16 two staff documented providing services totaling 14.5 hours of services which exceeds the participants authorized service amount and is inconsistent with regular services. On 8/19/16 two staff documented providing services between 5:30 and 10p.m. Participant is not approved for nor does he require the assistance of two staff at one time. On August 27th two staff documented providing services from 5 to 10 p.m. Again, participant is not approved for nor does he require the assistance of two staff at one time. Participant states he never had two staff work the same shift on the same day.</p>	<p><i>RESHAB aide on appropriate documentation of time in & time out of participants home. Additionally, each RESHAB aide has reviewed the Plan of Care for their clients.</i></p> <p><i>2. QIDP is set to retrain each RESHAB aide in the participant's home regarding documentation, necessary education, and appropriate care. The Administrator will review all res hab time sheets to ensure they accurately reflect the work schedule and address any discrepancy immediately.</i></p> <p><i>3. The Administrator and QIDP are responsible for ongoing training.</i></p> <p><i>4. Initial retraining to be completed by assigned date.</i></p>	
<p>16.04.17.400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following</p>	<p>In review of agency records, for 1 of 2 participant files reviewed, there was no History and physical. Per report from</p>	<p><i>1. For the participant, this issue has been resolved as they are no longer served by this agency.</i></p>	<p><i>11/18/2016</i></p>



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<p>information: h. Results of a history and physical when necessary. (7-1-95)</p>	<p>participant, he has a diagnosis of Seasonal Affective Disorder and Anxiety as well as his Cerebral Palsy. There is no history and physical to guide training and treatment. According to staff and participant, participant has been going to get weighed due to concerns of diet provided by staff and has been losing weight. There is no medical record of this.</p> <p>THIS IS A REPEAT DEFICIENCY; FAILURE TO COMPLY WITH PLAN OF CORRECTION</p>	<p>2. <i>We will reach out to each participant or provider if required to obtain up-to-date H&P's. QIDP to review all files and ensure that all documentation is appropriate based on the ISP.</i> 3. <i>The Administrator and QIDP are responsible for this information.</i> 4. <i>Review to be completed by assigned date.</i></p>	
<p>16.04.17.400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: m. Daily medication log when applicable. (7-1-95)</p>	<p>In review of agency records, for 1 of 2 participant files reviewed there was not a Medication Log as applicable. For example: Participant #1's Individual Support Plan identifies the provider to provide supports and services to include "Assist with taking medications as prescribed". According to staff, the medications are in blister packs and are</p>	<p>1. <i>We are looking at each participant who we assist with medication and will place a Med Log into each home. We have each RESHAB signed up for the Med Assist program to help alleviate these issues.</i> 2. <i>As the QIDP reevaluates each participants plan, we will ensure that medications and tracking of medications</i></p>	<p>11/18/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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	simply thrown away when empty. According to staff, medication assistance is not documented.	<i>are documented.</i> <i>3. The Administrator and QIDP are responsible</i> <i>4. Implementation of Med Log for all applicable clients immediately.</i>	

Agency Representative & Title: Toma Bartlett, Agency Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 10/18/2016
Department Representative & Title: Click here to enter text. <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: Click here to enter a date.